BernCo Premium Pay for Eligible Employees Grant

CERTIFICATION OF SELF EMPLOYMENT

(To be completed by the individual who is claiming Self Employment)

| Name: | |
|---|--|
| Business Name or DBA as: | . |
| I hereby certify that I do not have any employees, a certify, I have been self-employed since January 20. a registered business license. | and I am operating as a self-employed individual. I 21 and am currently operating as self-employed with |
| Verification of Hourly rate of pay: | |
| Under penalty of perjury, I certify that the informat accurate to the best of my knowledge. The undersign representations herein constitutes an act of fraudinesult in withdrawal from current and future grant of the period of the contract | gned further understand(s) that providing false False, misleading or incomplete information may |
| Signature of Applicant/Business Owner | Printed Name of Applicant/Business Owner |
| Date | |